

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25652

FILED AUG 15 1941

Registration District No. 1271

Primary Registration District No. 4335

State File No.

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Monteale
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Southern
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community all his life
years, months or days)

3. (a) PRINT
FULL NAME

Jasper, D. Hines

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Male

5. Color or
race W

6. (a) Single, widowed, married,
2 divorced, widowed

6. (b) Name of husband or wife Lucie

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Aug
(Month)

16
(Day)

1867
(Year)

8. AGE:

Years

Months

Days

If less than one day

73

9

21

hr.

min.

9. Birthplace

Monteale

MO

(City, town, or county)

(State or foreign country)

10. Usual occupation

Contractor

11. Industry or business

House finisher

12. Name

Riley D. Hines

13. Birthplace

Monteale

MO

(City, town, or county)

(State or foreign country)

14. Maiden name

Elizabeth Hines

15. Birthplace

Monteale

(City, town, or county)

(State or foreign country)

16. (a) Informant

Thomas H. Hines

(b) Address

California

17. (a)

Burial

(b) Date thereof

6/10/41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Masonic Cemetery

18. (a) Signature of funeral director

William D. Dunnington

(b) Address

California

19. (a)

6-12-41

(b) H. R. Pope

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monteale
(c) City or town California Mo
(If outside city or town limits, write "RURAL")
(d) Street No. No St. address.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1941 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from May
28 1941 to June 7 1941
that I last saw him alive on June 7 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Apoxy.

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

none

Of autopsy

none

Duration

9 days

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. L. Latham (M. D. certified)
Address California Mo Date signed 6-11-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.